Interview Agreement

This oral history project is being conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (The Interviewer) a student at Guttman Community College, City University of New York. By signing the form below, you (the interviewee) have granted permission for the audio recordings, notes, transcripts, video and photographs resulting from this interview to be gifted to a collection held at City University of New York without restriction. If you (the interviewee) have granted permission to do so, the interview may become a part of an archive, and the interviews will be made available for the use consistent with City University of New York’s mission, regulated according to any restrictions placed on their use by you (the interviewee) and/or interviewer.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (The Interviewee) have read the above. The interviewer affirms that she/he/they has explained the nature and purpose of this oral history. The interviewee affirms that she/he/they has consented to the interview. The interviewer and interviewee hereby give grant and assign all rights, title and interest, including copyright, of whatever kind from this information and interview to Guttman Community College, City University of New York, **with the following restrictions:**

The interview shall be closed to researchers until the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name of Interviewer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name of Interviewee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

If the interviewee is under 18 please secure the signature of a parent or guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name of Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date